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FILED
08 MAY 20 PM 3:18
CLERK'S OFFICE, U.S. DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

E-filing

MHP

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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Plaintiff,

12 | vs.

Defendant.

CV 08
CASE

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(PR)

16 I, Corie McNair, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 | Gross: \$18.00 Net: \$18.00

27 Employer: Randy Green, Federal Medical Center, Post Office Box 1600,
28 Butner, North Carolina 27509

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 None

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7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes No ✓
 10 self employment

11 b. Income from stocks, bonds, Yes No ✓
 12 or royalties?

13 c. Rent payments? Yes No ✓

14 d. Pensions, annuities, or Yes No ✓
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes No ✓
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 None

22

23 3. Are you married? Yes ✓ No

24 Spouse's Full Name: Marie McNair b. y Common Law

25 Spouse's Place of Employment: None

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 None

6 7. Do you own or are you buying a home? Yes No ✓

8 Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

9 6. Do you own an automobile? Yes ✓ No

10 Make Cadillac Year 1988 Model Alante

11 Is it financed? Yes No ✓ If so, Total due: \$ 0.00

12 Monthly Payment: \$ 0

13 7. Do you have a bank account? Yes No ✓ (Do not include account numbers.)

14 Name(s) and address(es) of bank: None

15 Present balance(s): \$ 0

16 Do you own any cash? Yes No ✓ Amount: \$ 0

17 18. Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No ✓

20

21 8. What are your monthly expenses?

22 Rent: \$ 0 Utilities: \$8.00

23 Food: \$ 10.00 Clothing: \$0.00

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<u>None</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 No

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 None

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11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 May 13, 2008

17 DATE

Corrie McNair

SIGNATURE OF APPLICANT

18
19
20 Note : Under the provision(s) of Article 7 to the Universal
21 Declaration of Human Rights, I, Corrie McNair, envoke my
22 right as an independent citizen of the United States of
23 America, to fully exercise my liberty to have my Civil
24 complaint against the members of the San Francisco Police
Department heard by members of the Public in the process
of a Jury trial, free of charge.

25 For the reason stated above, I have chosen to complete
26 this document entitled: CERTIFICATE OF FUNDS IN
27 PRISONER ACCOUNT.

28 Therefore, if any funds are going to be subtracted from my
Prisoner Commissary Account, I intend for my right to a
fair and public trial / hearing in accordance with Article 7 to
the Universal Declaration of Human Rights, entirely.

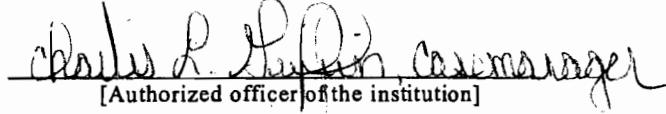
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2 Case Number: CV08-02103 MPH
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8 **CERTIFICATE OF FUNDS**
9 **IN**
10 **PRISONER'S ACCOUNT**
11

12 I certify that attached hereto is a true and correct copy of the prisoner's trust account
13 statement showing transactions of Corie McNair [prisoner name] for the last six months
14 Federal Medical Center [name of institution] where (s)he is confined.

15 I further certify that the average deposits each month to this prisoner's account for the
16 most recent 6-month period were \$ 127.87 and the average balance in the prisoner's
17 account each month for the most recent 6-month period was \$ 1.50.

18
19 Dated: 5/14/08


[Authorized officer of the institution]

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Inmate Inquiry			
Inmate Reg #:	93265011	Current Institution:	Butner FCC
Inmate Name:	MCNAIR, CORIE	Housing Unit:	BUH-II-A
Report Date:	05/14/2008	Living Quarters:	H01-415L
Report Time:	9:47:17 AM		
General Information		Account Balances	
Commissary History		Commissary Restrictions	
		Comments	

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 6740
 PAC #: 386784151
 FRP Participation Status: No Obligation
 Arrived From: BUX
 Transferred To:
 Account Creation Date: 6/17/2004
 Local Account Activation Date: 6/7/2006 7:19:12 AM

Sort Codes:

Last Account Update: 5/12/2008 3:18:28 PM
 Account Status: Active
 Phone Balance: \$0.21

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$0.37
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$0.37
 National 6 Months Deposits: \$127.80
 National 6 Months Withdrawals: \$127.97
 National 6 Months Avg Daily Balance: \$1.50
 Local Max. Balance - Prev. 30 Days: \$18.22
 Average Balance - Prev. 30 Days: \$1.89

Commissary History

Purchases

Validation Period Purchases: \$14.85

YTD Purchases: \$146.29

Last Sales Date: 5/12/2008 3:18:28 PM

SPO Information

SPO's this Month: 0

SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No

Weekly Revalidation: No

Bi-Weekly Revalidation: No

Spending Limit: \$290.00

Expended Spending Limit: \$14.85

Remaining Spending Limit: \$275.15

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A

Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Active
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Comments

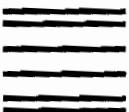
Comments:

Coria, McNair #93265-011
Federal Medical Center
Post Office Box 1600
Butner, North Carolina
27509

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS



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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

